

OFFICE OF THE CHIEF OF POLICE

SPECIAL ORDER NO. 30

November 18, 2010

SUBJECT: OFFICER'S LEAVE OF ABSENCE FOR PERSONAL ILLNESS - REVISED;
AND CIVILIAN EMPLOYEE'S LEAVE OF ABSENCE FOR PERSONAL
ILLNESS - REVISED

EFFECTIVE: IMMEDIATELY

PURPOSE: This Order revises Department Manual Section 3/730.60, *Officer's Leave of Absence for Personal Illness*, and Department Manual Section 3/730.65, *Civilian Employee's Leave of Absence for Personal Illness*. The requirement to include the diagnosis of the illness in the request has been removed. The use and distribution of the Request for Leave of Absence, Form 01.36.00, is not impacted by this revision and remains unchanged.

PROCEDURE:

- I. **OFFICER'S LEAVE OF ABSENCE FOR PERSONAL ILLNESS - REVISED.** The second paragraph in Department Manual Section 3/730.60, *Officer's Leave of Absence for Personal Illness*, has been revised to read as follows:

When a leave of absence is requested for a medical reason, the request shall include the attending physician's name, address, a statement indicating the time off needed by the officer, and the dates during which the leave is requested.

- II. **CIVILIAN EMPLOYEE'S LEAVE OF ABSENCE FOR PERSONAL ILLNESS - REVISED.** The second paragraph in Department Manual Section 3/730.65, *Civilian Employee's Leave of Absence for Personal Illness*, has been revised to read as follows:

When a leave of absence is requested for a medical reason, the request shall include the attending physician's name, address, a statement indicating the time off needed by the civilian employee, and the dates during which the leave is requested.

AMENDMENTS: This Order amends Sections 3/730.60 and 3/730.65 of the Department Manual.

MONITORING RESPONSIBILITY: All commanding officers shall have monitoring responsibility for this directive.

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AUDIT RESPONSIBILITY: The Commanding Officer, Internal Audits and Inspections Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.

A handwritten signature in black ink, appearing to read 'C. Beck', with a stylized flourish at the end.

CHARLIE BECK
Chief of Police

Attachment

DISTRIBUTION "D"

REQUEST FOR LEAVE OF ABSENCE

DATE REQUEST SUBMITTED		EMPLOYEE'S NAME (LAST, FIRST, MI)		SERIAL NO.	RANK/PG	DIVISION OF ASSIGNMENT	
LEAVE REQUESTED: <input type="checkbox"/> WITH PAY <input type="checkbox"/> WITHOUT PAY		DATES (FROM)	TO (INCLUSIVE)	NOTE: LEAVES WITHOUT PAY TOTALING 16 CALENDAR DAYS OR MORE AGGREGATE FOR THE CALENDAR YEAR REQUIRE COMPLETION OF A REQUEST FOR LEAVE OF ABSENCE FORM GENERAL 38, IN ADDITION TO THIS FORM.			
<input type="checkbox"/> EXTENSION		ORIGINAL LEAVE DATES (FROM)	TO	HAVE PREVIOUS LEAVES ASSOCIATED WITH THIS ACTIVITY BEEN TAKEN: <input type="checkbox"/> NO <input type="checkbox"/> YES		AMOUNT OF TIME	
<input type="checkbox"/> MEDICAL	ATTENDING PHYSICIAN'S NAME		BUSINESS ADDRESS		CITY	ZIP CODE	PHONE
<input type="checkbox"/> MATERNITY ON MEDICAL LEAVE OF SEVEN (7) DAYS OR MORE - ATTACH A WRITTEN STATEMENT FROM THE PHYSICIAN INDICATING AN ESTIMATE OF THE EARLIEST RETURN TO DUTY DATE. FOR MATERNITY LEAVE, THE STATEMENT SHOULD INCLUDE THE LAST DATE THE EMPLOYEE MAY WORK AND THE APPROXIMATE DELIVERY DATE. IF THIS MEDICAL LEAVE IS FOR LESS THAN 7 DAYS, STATE BELOW.							
<input type="checkbox"/> FAMILY DEATH		OF _____		WAS RELATIVE LIVING IN EMPLOYEE'S HOUSEHOLD?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
		RELATIONSHIP					
<input type="checkbox"/> PREVENTIVE MEDICINE		TYPE: <input type="checkbox"/> MEDICAL <input type="checkbox"/> DENTAL <input type="checkbox"/> OPTICAL <input type="checkbox"/> OTHER _____					
# OF HOURS (MUST BE IN HOURLY INCREMENTS, I.E., NOT 2 1/2 HOURS)		# OF HOURS USED THIS YEAR TO DATE: _____					
<input type="checkbox"/> FAMILY ILLNESS OF _____		# OF HOURS _____		# OF HOURS USED THIS YEAR TO DATE _____			
		RELATIONSHIP					
<input type="checkbox"/> FAMILY LEAVE TYPE:		<input type="checkbox"/> COMPENSATORY/TIME-OFF		<input type="checkbox"/> VACATION		<input type="checkbox"/> SICK	
		# OF HOURS _____		# OF HOURS _____		# OF HOURS _____	
<input type="checkbox"/> MILITARY		ATTACH THREE (3) CERTIFIED COPIES OF THE MILITARY ORDERS, (CERTIFIED COPIES ARE SIGNED BY A COMMISSIONED OFFICER AND SIGNED COPIES SHALL INCLUDE THEIR RANK).					
ADDRESS WHILE DEPLOYED (INCLUDE CITY, ZIP CODE, AND AREA CODE/PHONE NUMBER): _____							
<input type="checkbox"/> EDUCATIONAL ATTACH PROOF OF ENROLLMENT AND SCHEDULE OF CLASSES. INCLUDE STATEMENT BELOW THAT YOU INTEND TO RETURN TO CITY SERVICE.							
<input type="checkbox"/> SCHOOL LEAVE TYPE:		<input type="checkbox"/> COMPENSATORY/TIME-OFF		<input type="checkbox"/> VACATION		<input type="checkbox"/> UNPAID LEAVE	
		# OF HOURS _____		# OF HOURS _____		# OF HOURS _____	
<input type="checkbox"/> OTHER							
EXPLAIN FULLY ALL LEAVE OF ABSENCE REQUESTS (EXCEPT MILITARY)							
				EMPLOYEE'S SIGNATURE			
				CHECK IF TELEPHONIC <input type="checkbox"/>			
DIVISION OF ASSIGNMENT		COMMENTS OF EMPLOYEE'S COMMANDING OFFICER TO EXPLAIN UNUSUAL CIRCUMSTANCES, ETC.:					
MANDATORY CHECKBOX <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		RANK AND NAME OF EMPLOYEE'S COMMANDING OFFICER			COMMANDING OFFICER'S SIGNATURE		
PERSONNEL DIVISION							
ON PROBATION <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> WITH PAY <input type="checkbox"/> PENDING REVIEW BY POLICE ACCOUNTING <input type="checkbox"/> WITHOUT PAY							
MEDICAL OFFICER'S SIGNATURE			AUTHORIZING OFFICER'S SIGNATURE			DATE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		PERSONNEL GROUP COMMANDING OFFICER'S SIGNATURE				DATE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		PERSONNEL AND TRAINING BUREAU COMMANDING OFFICER'S SIGNATURE				DATE	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED		OFFICE OF ADMINISTRATIVE SERVICES DIRECTOR'S SIGNATURE				DATE	
AFTER RECOMMENDATION(S) PLEASE RETURN THIS FORM TO THE COMMANDING OFFICER, PERSONNEL DIVISION.							